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ARTHROCARE CORPORATION

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BOX PATENT APPLICATION
ASSISTANT COMMISSIONER FOR PATENTS
Washington, D. C. 20231

Atty. Docket No. S-3-1

"Express Mail" Label No. EK475751962US

Date of Deposit February 24, 2000

I hereby certify that this is being deposited with the
United States Postal Service "Express Mail Post Office
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indicated above and is addressed to: Assistant
Commissioner for Patents, Washington, D.C. 20231

By: Kahm

Sir:

Transmitted herewith for filing under 37 CFR §1.53(b) is the
[] patent application, [X] continuation patent application,
[] divisional patent application, or [] continuation-in-part patent application of

Inventor(s)/Applicant Identifier: **RONALD A. UNDERWOOD, TERRY S. DAVISON, HIRA V. THAPLIYAL and PHILIP E. EGGERS**

For: **METHODS FOR ELECTROSURGICAL TISSUE CONTRACTION WITHIN THE SPINE (as amended)**

- [X] This application claims priority from each of the following Application Nos./filing dates:
09/026,698/ February 20, 1998; 08/690,159/ July 18, 1996 the disclosure(s) of which is (are) incorporated by reference.
[X] Please amend this application by adding the following before the first sentence: This application is a [X] continuation [] division of and
claims the benefit of U.S. Application No. 09/026,698 / February 20, 1998, which is a continuation-in-part of 08/690,159 / July 18, 1996 the
disclosure of which is incorporated by reference.

Enclosed are:

- [X] 34 sheet(s) of [] formal [X] informal drawing(s); specification including description, claims and abstract; [X] title page.
[X] A copy of the assignment of the invention to ArthroCare Corporation.
[X] A copy of the [X] signed [] unsigned Declaration and Power of Attorney
[X] A verified statement to establish small entity status under 37 CFR 1.9 and 37 CFR 1.27 [] is enclosed [X] was filed in the prior application.
[] A certified copy of a _____ application.
[] Information Disclosure Statement under 37 CFR 1.97.
[X] Preliminary Amendment
[X] Please cancel claim(s) 1-31.

now U.S. Pat. No. 6,620,155,

now U.S.
Pat. No.
5,802,272,

(Col. 1)

(Col. 2)

FOR:	NO. FILED	NO. EXTRA
BASIC FEE		
TOTAL CLAIMS	16 -20=	* 0
INDEP CLAIMS	2 -3=	* 0
[] MULTIPLE DEPENDENT CLAIM PRESENTED		

SMALL ENTITY

RATE	FEE
	\$345
X9=	\$
X39=	\$
+130=	\$
TOTAL	\$

OR

OTHER THAN A
SMALL ENTITY

RATE	FEE
	\$690
X18=	\$
X78=	\$
+260=	\$
TOTAL	\$

OR

* If the difference in Col. 1 is less than zero, enter "0" in Col. 2

Please charge Deposit Account No. 50-0359 as follows:

- [X] Filing fee
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[] The issue fee set in 37 CFR 1.18 at or before mailing of the Notice
of Allowance, pursuant to 37 CFR 1.311(b).

\$ 345.00

- [] A check for \$ _____ is enclosed.
1 extra copies of this sheet are enclosed.

Respectfully submitted,
ARTHROCARE CORPORATION

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John T. Raffle
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